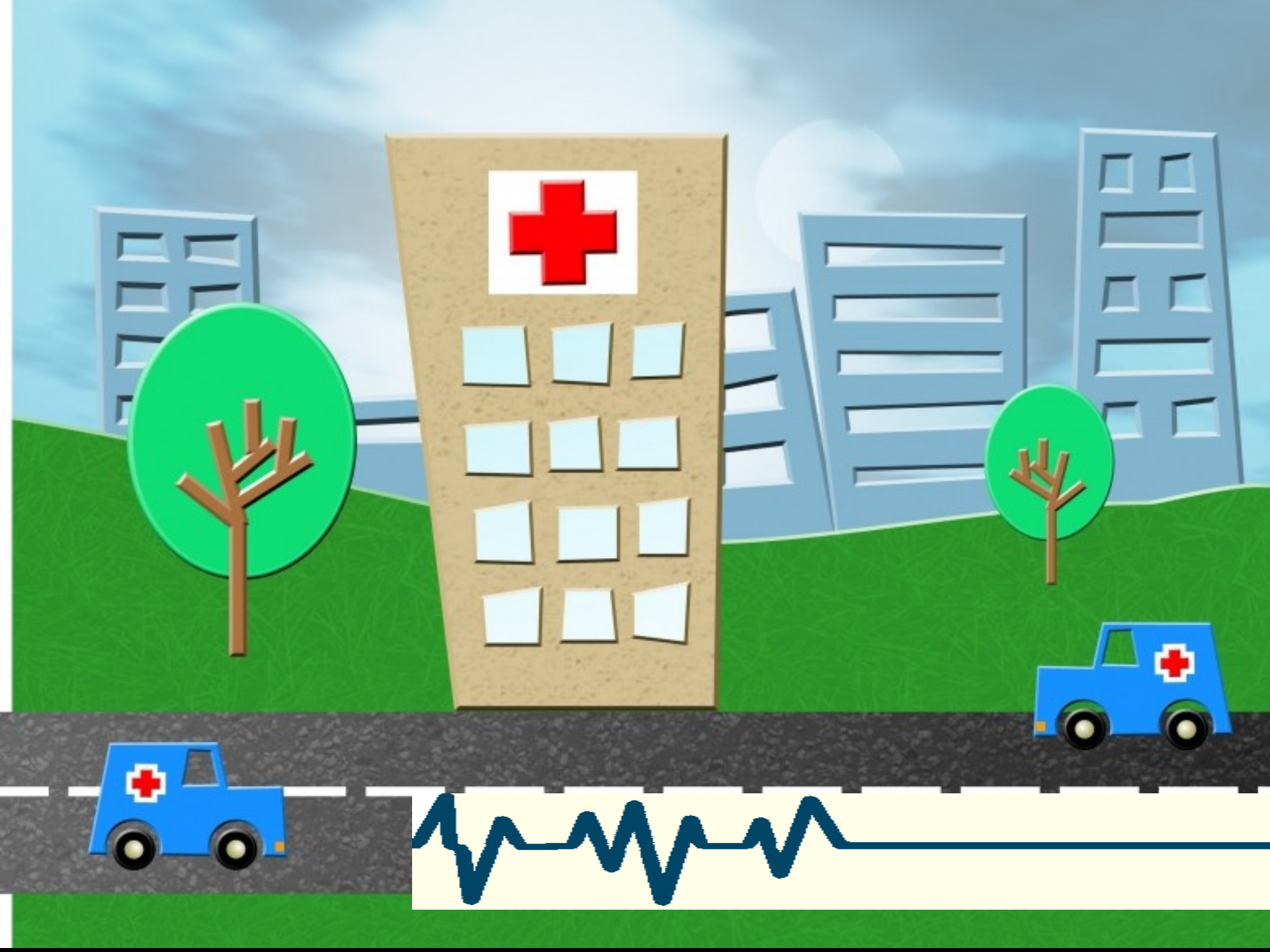




REACTIONS OF HOSPITALIZED CHILD

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REACTION OF HOSPITALIZED CHILD

MAMMAAAA
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MAJOR STRESSORS & REACTIONS TO THEM

❑ Separation anxiety

- ☹️ Protest – Cry, scream, run
- ☹️ Despair – Withdrawal, depressed, non-communicative.
- ☹️ Detachment – Superficial adjustment/relationships

❑ Loss of control – Additional stimuli, inconsistency, unfamiliarity of env./ daily rituals, rigid schedules, lack of privacy

❑ Bodily injury & pain





SEPARATION ANXIETY



About 4% of children are extremely anxious about leaving their parents & symptoms may develop at any time during childhood. Here are some ways to prevent or deal with the problem

Ways to Prevent

Start occasionally using a babysitter by six months of age. This helps the child tolerate short periods away from the parent

Start contact with peers by 12 months. By age three, the child should be experiencing play groups.

Some form of preschool may be helpful by age 3 or 4. It's especially important for children who seem overly dependent on their parents.



Ways to Treat

Model positive risk-taking and coping strategies for managing anxiety, and your child will learn from your example.

Do not give in. Let the child know that he or she will be all right

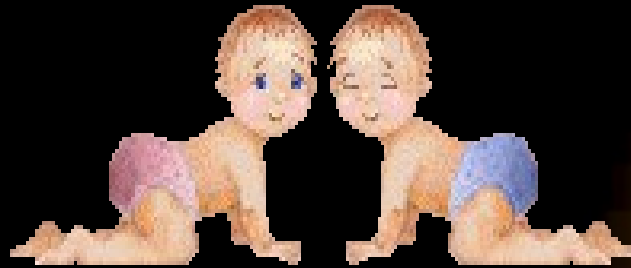
The child may also benefit from individual play therapy by using toys, puppets, games, and art for expression of feelings.

And help child become familiar with new surroundings and people before actually leaving the child there.





REACTIONS OF CHILDREN TO HOSPITALIZATION AT VARIOUS AGES



**Children 3 years of age
and younger**



- ❑ Lack understanding about their illness
- ❑ Confused about the new change in their familiar environment
- ❑ Concerned with being away from family and home.
- ❑ Toddlers - Difficulty coping with the change in routines (especially - eating, sleeping and toileting).





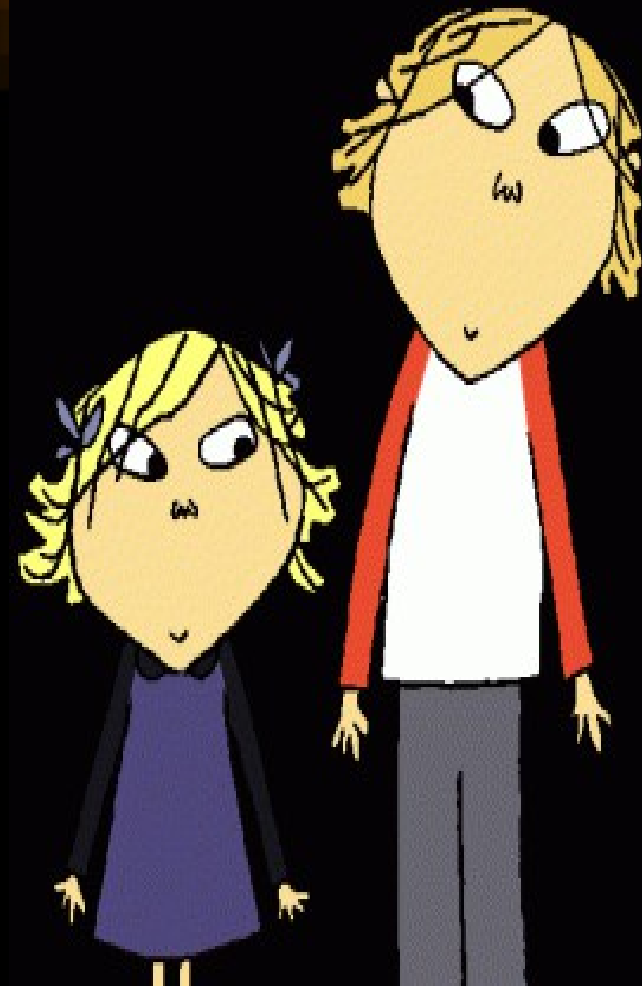
Children 3 - 6 years old

- ❑ Usually view the hospital and procedures as punishment.
- ❑ Wants to be near the family
- ❑ Views hospital stay or procedure as punishment for something.
- ❑ Loss of control and fear of the unknown

Help - Honest, simple, age-appropriate conversations can help your child feel more secure. Remember, young children learn best through play.

- ✓ Reassure child that he/she hasn't done anything wrong.
- ✓ Allow to bring a favorite toy; blanket or clothes from home
- ✓ Encourage walking around or playing outside of his/her room.

Children 7- 12 years old



- ❑ Worried about painful procedures
- ❑ Believe that hospitalization and procedures are a form of punishment
- ❑ Experience a loss of control and independence
- ❑ Older children worry about painful procedures and changes to their body

Help - Providing information is key at this age..very important

- Inform in advance about procedures, changes in the environment etc..
- Do not mislead by saying something won't hurt if it will
- Instead, talk about how to cope with possible pain and confusion.
- Give choices when they exist



Adolescents 12 and up



- ❑ Concern about loss of control; separation from friends
- ❑ Very self-conscious.
- ❑ Lots of questions about specific procedures.

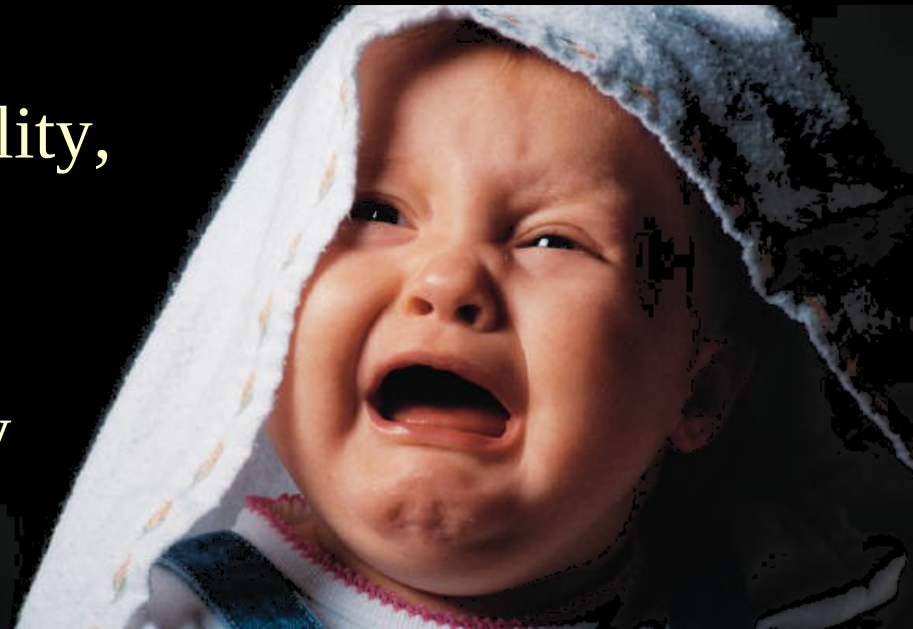
Help - Encourage to talk to doctors and nurses involved in care

- Allow to be part of discussions & decision-making (this will give some degree of control)
- Support social interactions with friends via phone, email and visits



REACTION TO BODILY INJURY & PAIN

- ❑ 0 – 6 months – Cry, bodily movements
- ❑ 6/12 – 1 year – Resistance, uncooperative
- ❑ 1 – 3 years – Aggressive behaviour
- ❑ 3- 5 years – Fear of punishment/ mutilation/ death; verbal abuse
- ❑ 5–12 years – Fear of disability, concern for privacy, words to describe pain
- ❑ > 12 years – Effect on body image, questioning, privacy



REACTION TO STRESSORS

- Depends upon
 - Developmental age
 - Previous experience with illness
 - Separation
 - Coping skills (innate/ acquired)
 - Seriousness of illness
 - Support systems

CARE OF HOSPITALIZED CHILD

- Prepare for hospitalization
- Prevent/ minimize separation
- Minimize loss of control
- Prevent minimize bodily injury
- Allow for regression
- Provide pain management (= Atraumatic care)
- Provide for developmentally appropriate play activities
- Provide opportunities for play/ expressive activities
- Maximize potential benefit of hospitalization

Focus on developmental age rather than chronological age

REACTION OF CHILD'S FAMILY



STRESSORS & REACTIONS

☐ Parents –

☹ Disbelief...anger...guilt.....fear... anxiety...
frustration...depression

☐ Siblings

- ☹ Fear of contracting illness
- ☹ Missing the elder/ younger sibling
- ☹ Uncleared doubts about the sick child
- ☹ Perceived change in parenting
- ☹ Altered family roles
- ☹ Jealousy & anger

CARE OF THE FAMILY

- ❑ **Assess** –
 - ▢ Seriousness of child's illness
 - ▢ Family's previous experience
 - ▢ Medical procedures involved in care
 - ▢ Need for home care (discharge assessment)
- ❑ **Encourage** – Rooming In, positive attitude, include in child care, respect wishes/ values
- ❑ **Support** – Based on verbal/ non verbal messages
- ❑ **Provide** – Info' on disease/ treatment, child's/ sibling's reaction

SPECIAL SITUATIONS CAUSING STRESS

- ☹ Isolation & isolation procedures
- ☹ Emergency admission
- ☹ Admission to Intensive Care Unit

□ Remember !

- Stress levels are high
- Need for post clinic counseling

ROLE OF PAEDIATRIC NURSE

Primary concern – Welfare of child & family

- ❑ Family advocacy
- ❑ Disease prevention & health promotion
- ❑ Health teaching – Support/ counseling
- ❑ Therapeutic role
- ❑ Coordination & collaboration (for ‘Holistic care’)
- ❑ Research
- ❑ Health care planning – At political/ legislative level

FUTURE TRENDS...


- ▢ Ambulatory care (stress on promotion & prevention)
- ▢ Home care & community health services – family assessment, anticipatory guidance, discharge planning
- ▢ Technological advances – ‘will’ > tech skill
- ▢ Role of ‘patient care educator’
- ▢ Changing demographics – Knowledge of adolescent medicine

CULTURAL INFLUENCES & FAMILY FACTORS IN CHILD CARE

- ☐ Social roles
- ☐ Guilt & shame orientation
- ☐ Child rearing practices – class/ mobility...
- ☐ Effects of religion
- ☐ Effects of schools
- ☐ Peer culture
- ☐ Bi culture
- ☐ Health concerns

Helping Siblings Cope

- ✚ Give the siblings as much honest information about the sick child's health as they can understand.
- ✚ Provide opportunities for them to ask questions and express feelings.
- ✚ Let siblings prepare and help in the planning for the hospitalized child. Allow the sibling to:
 - ✚ Take the hospital tour with the sick child, if possible;
 - ✚ Act out experiences with people, dolls, or puppets.
- ✚ Set aside some private time each day just for them.

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- + Make it a point to recognize important events in their lives. Inform school guidance counselors about what's happening.
 - + Allow siblings to keep a balance between increased responsibility at home and maintaining their normal activities.
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NURSING ALERT!

- ❑ Avoid making generalizations
- ❑ Avoid directly attacking traditional health beliefs.
- ❑ Allow parents/ friends/ anyone known to child to be with the child
- ❑ **Maintain** close and continual parental contact during hospitalization
- ❑ Meet the child's needs for spiritual support
- ❑ Remember – No culture is homogenous

THANK YOU

